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**Title:** Audit of the impact of increased nurse education in diagnosis and management of patients with airflow obstruction in the community

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**Body:** AIMS. Primary. To improve skills of primary care clinicians in diagnosis and management of patients with airflow obstruction and to provide more effective and consistent care. Secondary. To reduce self reported COPD and asthma exacerbations over a 12 month period, improve patient outcomes including MRC scores, patient satisfaction surveys and increased use of self management plans. To increase a multidisciplinary approach in the management of COPD and increase self reported competency of primary care nurses. METHODS. 10 community practices applied and were accepted for clinical mentorship. Following an Education Needs Analysis a practice nurse education programme was developed and provided by specialist nurses and community respiratory physician. In the 10 practices 259 patients were identified as having poorly controlled asthma or COPD. 213 attended for review, 63 with an initial diagnosis of asthma and 150 COPD. RESULTS. 12 of 63 (20%) patients with asthma showed no reversibility, 11 of 150 (6%) of COPD patients had normal spirometry. 90% of the asthmatics and 93% COPD pts were "uncontrolled", 2 or more courses of steroids and antibiotics a year. After the programme this was reduced to 3% and 12% respectively. COPD MRC scores improved markedly, MRC 3 37% to 17%, MRC 4 30% to 13%. 50% of COPD patients were referred and accepted pulmonary rehabilitation. DISCUSSION. Increased education supported by continued mentorship improves clinical competencies and outcomes by better diagnosis, appropriate inhaled therapy and encouraging multidisciplinary working. Continued mentorship is vital to maintain standards and confidence in primary care.